THERMAL COMFORT DIARY

This diary is used to record your thermal comfort over the course of one week. Please answer each of the questions below by ticking one of the options provided. If you are away from the house during a time period please indicate this in the location box.

Name:	Week beginning: / / 2013											
	Monday							/ednesday			Thursday	
	Morn	Aft	Eve	Morn	Aft	Eve	Morn	Aft	Eve	Morn	Aft	Eve
LOCATION												
(room you are in at time of completing												
form)												
1. COMFORT How do you feel at this ti	me? (ple	ease indic	cate with	tick or ')	()							
Much too cool												
Too cool												
Comfortably cool												
Comfortably neither warm nor cool												
Comfortably warm												
Too warm												
Much too warm												
TOTAL CONTROL OF THE	oto with	tick or 'v	2)							<u> </u>		
2. You would prefer to be: (please indic	ate with	LICK OF X	<u>/ </u>				•		1	•		
Much warmer												
A bit warmer												
No change A bit cooler												
Much cooler												
3. At this time, how would you rate your	overall	comfort?	conside	r temper	aturo hi	ımidity a	ir quality	(nlease	indicate	with tick	or 'v')	
572	Overall	T CONTIONE?	r	• temper	ature, ni	irriidity, a	ii quality	(piease	Tidicale	WILL LICK	U	
Very uncomfortable												-
Moderately uncomfortable Slightly uncomfortable												
Acceptable												
Slightly comfortable												
Moderately comfortable												
Very comfortable												
4. ACTIVITY LEVELS What have you be	peen doir	na in the	last hou	r? (tick a	ll that an	oply)						
Sitting (passive)	I	I	I	I (more or	<i>,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1						
Sitting (passive)												
Standing (passive)												
Standing (active)												
Walking (indoors)												
Walking (outdoors)												
5. CLOTHING At this time, what layers	of clothir	ng are yo	u wearir	ng? (tick	all that a	apply)						
Short sleeve shirt or top		1800 90				NO.						
Long sleeve shirt or top												
Vest												
T-shirt												
Long-sleeved sweater/cardigan												
Sleeved robe/dressing gown												
Jacket/coat												
Trousers/long skirt Shorts/short skirt												
Dress												
Leggings				t						 		
Tights												
Socks				1								
Shoes												
Slippers												
Sandals/flipflops												
Other (please describe):												
C. CONTROL C #: 1 "" "	L	L .		<u> </u>	L		L		<u> </u>	L	L	
6. CONTROLS (tick all that apply; in ca	se ot do	ors, wind	lows and	extracts	please	note num	ber of c	pened/ir	i use)			
Internal doors open	ļ			ļ	-					ļ		
External doors open	\vdash		-	1	-		-		-	 	<u> </u>	
Window open Blind down				-								
Curtain closed	-									-		
Localised light on	 		-	1			-			 		
General heating on												
Localised heater on	-			1						-		
Air conditioning on				t						 		
Fan on				1								
Extract on	Ī		İ					İ		Ì		

Please turn over to complete Friday, Saturday and Sunday





THERMAL COMFORT DIARY

		Friday			Saturday		Sunday			
	Morn	Aft	Eve	Morn	Aft	Eve	Morn	Aft	Eve	
LOCATION	20,000				30.02403	1		W. J.		
(room you are in at time of completing										
form)										
1. COMFORT How do you feel at this til	me? <i>(please</i>	e indicate w	ith tick or 'x	")						
Much too cool										
Too cool										
Comfortably cool										
Comfortably neither warm nor cool										
Comfortably warm										
Too warm						×				
Much too warm										
2. You would prefer to be: (please indicate)	ate with tick	or 'x')								
Much warmer										
A bit warmer										
No change										
A bit cooler										
Much cooler										
3. At this time, how would you rate your	overall com	nfort? consi	der tempera	ature, humic	dity, air qual	ity (please i	indicate with	tick or 'x')		
Very uncomfortable										
Moderately uncomfortable										
Slightly uncomfortable										
Acceptable										
Slightly comfortable						W	d t			
Moderately comfortable Very comfortable										
4. ACTIVITY LEVELS What have you be	oon doing i	n the last h	our? (tick of	I that annhi	Y					
Sitting (passive)	een doing i	ii uie iasi ii	Juli: (tick ai	т шасарріу,	/ <u>:</u>	V				
Sitting (passive) Sitting (active)						9				
Standing (passive)										
Standing (active)										
Walking (indoors)										
Walking (outdoors)										
5. CLOTHING At this time, what layers	of clothing a	are you wea	ring? <i>(tick a</i>	all that appl	y)					
Short sleeve shirt or top										
Long sleeve shirt or top										
Vest										
T-shirt										
Long-sleeved sweater/cardigan						X				
Sleeved robe/dressing gown Jacket/coat						-				
Trousers/long skirt						:				
Shorts/short skirt						7				
Dress										
Leggings										
Tights										
Socks										
Shoes						9				
Slippers										
Sandals/flipflops Other (please describe):						4	-			
Other (please describe).										
6. CONTROLS (tick all that apply; in ca	se of doors	windows a	nd extracts	nlease note	number of	onened/in	use)			
Internal doors open	22 21 40013,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	UNBUOIS	p. 2400 11010		Sponounn	200/			
External doors open						ý.				
Window open										
Blind down										
Curtain closed										
Localised light on										
General heating on										
Localised heater on										
Air conditioning on						2				
Fan on										
Extract on				Catal sussi-	r of intorn-l	doors /s:-	n 9 alasa-l	in house):		
					er of internal					
Total number of external doors (open & closed in house): Total number of extract fans in house:										



